APR 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Phelps — Registration District No. 677 — File No. 12999
Township — Primary Registration District No. 4403 — Registered No. 50
City Rolla (No. Rolla Hospital St. Ward)

2. FULL NAME Mrs. Verla Gouldsmith
(a) Residence, No. Salem, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (~~OR~~) WIFE OF Cecil Gouldsmith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1891

7. AGE: YEARS 45 — MONTHS 8 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Missouri

FATHER
13. NAME Isaac Plank,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Missouri

MOTHER
15. MAIDEN NAME Julia Topickes,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Missouri

17. INFORMANT (ADDRESS) Cecil Gouldsmith Salem, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem, Mo. DATE April 6 1937

19. UNDERTAKER (ADDRESS) Sam Hobson Salem, Mo

20. FILED April 5 1937 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1937 to Apr. 4, 1937
I last saw her alive on Apr. 4, 1937. Death is said to have occurred on the date stated above, at 10:40 A.m.
The principal cause of death and related causes of importance were as follows:

Diabetes

Date of onset

Other contributory causes of importance: 59

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. Sidney McFarland, M. D.
(Address) Rolla Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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